2005 LIMITED PARTNERSHIP ANNUAL REPORT

SECRETARY OF A

DOCUMENT # B9700000227					DIVISION OF CORPORATIONS				
1. Entity Name AFG EQU	e		05 APR -4 AM 8: 29						
Principal Place of Business 2808 FAIRMOUNT, SUITE 250 DALLAS, TX 75201		Mailing Address 2808 FAIRMOUNT, SUITE 250 DALLAS, TX 75201				117 18611 68 111 68 11	ir 81 1/9 88 711 83 118	WATE VAN TRICK DE ELS	
2. Principal Place of Business		3. Mailing Address		VIIIII					
Suite, Apt. #, etc.		Suite, Apt, #, etc.			03092005	Chg-LP	CR2E003	3 (10/03)	
City & State		City & State			4. FEI Number 75-26379	939		Applied For Not Applicable	
Zip	Country	Zip	Zip Country		5. Certificate of			8.75 Additional	
	Name and Address of Current Registered Agent				7: Name and Address of New Registered Agent Name				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)					
PLANTATION, FL 33324									
				City	FL Zip Code				
	named entity submits this statemer ons of registered agent.	nt for the purpose of changing it	ts registere	ed office or registe	red agent, or both,	in the State of Flo		niliar with, and accept	
SIGNATURE							DATE		
9. Capital Co	ntributions co.o.o.	10. Amount of Cap		outions					
as Shown o	X1100010.	in FLORIDA to		UST BE REGIS	TERED AND AC	TIVE WITH TH	(IS OFFICE	, <u>.</u>	
12.	NOTE: General Partners	MAY NOT be changed on					eneral partn	er.	
DOCUMENT #	OCCUMENT / F97000002558			ET ADDRESS		ADDRESS CH	ANGES ONLT		
NAME STREET ADDRESS CITY-ST-ZIP	ATLANTIC FINANCIAL MANA 2808 FAIRMOUNT, SUITE 25 DALLAS, TX 75201	AGERS, INC.		- ST- ZIP	800050429348				
DOCUMENT #			STRE	ET ADDRESS	04/11	7050108	32018	**141.25	
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DOCUMENT / NAME STREET ADDRESS CITY ST. 789			STRE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			СІТҮ	-ST-ZIP					
DOCUMENT #			STRE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			СПҮ	-ST-ZIP					
indicated	certify that the information supplied on this report is true and accurate ver or trustee empowered to security	and that my signature shall hav	e the same apter 620,	e legal effect as if i Florida Statutes	made under oath; ti	hat I am a Gener	I further certify al Partner of th	y that the information e limited partnership o	
SIGNAT	URE:	AH AH	she	- noted Ma	wspu, Tyc.	3/29/0	5		

IMPORTANT INSTRUCTIONS

- Make check payable to Florida Department of State.
 Check must be payable in United States Funds and through a United States Bank.
- Submit report with a separate check for each filing.
- Changes must be typed or printed in ink and legible.
- Sign report in block 14.
- * See the instructions for block 11 to compute the total amount due.

- Block 1. Block 1 contains the name, document number, mailing address and principal place of business last reported to our office. You cannot change the name on this form. You must file an amendment to change the name. For amendment information, call (850) 245-6051.
- Block 2 & 3. If applicable, enter new principal office address in Block 2. If applicable, enter the new mailing address in Block 3. A Post Office Box is acceptable.
- Block 4. If blank, complete Block 4 by entering your Federal Employer Identification (FEI) number or checking either applied for or not applicable. FEI numbers are not assigned by the Division of Corporations. For assistance with FEI numbers, call the IRS at (800) 829-1040.
- Block 5. If you need a certificate of status, check the BOX in Block 5 and include an additional \$8.75. All certificates will be mailed to the entity's mailing address.
- Block 6. The law requires that each entity have a Registered Agent with a Florida street address. If the information in Block 6 is incorrect, enter the correct information in Block 7.
- Block 7. If applicable, enter new agent's name and/or address. The registered office address must be a Florida Street address. A P.O. Box or mail service is NOT acceptable for service of process. THE ENTITY CANNOT SERVE AS ITS OWN REGISTERED AGENT.
- Block 8. If applicable, the new Registered Agent must sign in Block 8. No signature is necessary if the same Registered Agent is retained.
- Block 9. If Florida limited partnership, this block contains the total amount contributed and anticipated to be contributed by the limited partners last reported to this office.

 If out-of-state limited partnership, this block contains the total anticipated amount of the limited partners contributions allocated for the purpose of transacting business.

If out-of-state limited partnership, this block contains the total anticipated amount of the limited partners contributions allocated for the purpose of transacting business in Florida last reported to this office.

- Block 10. If Florida limited partnership, enter the amount of the capital contributions of its limited partners to date.
 - If out-of-state limited partnership, enter the amount of the capital contributions of its limited partners that is allocated for the principal purpose of transacting business in Florida. If the amount entered in Block 10 is greater than the amount listed in Block 9, a supplemental affidavit along with a <u>separate filing fee</u> must be submitted. Please refer to www.sunbiz.org for information on how to file a supplemental affidavit.

Supplemental Affidavit Fee: \$7 per \$1,000 on additional contributions (Minimum \$52.50, Maximum \$1,750)

Block 11. UBR Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in Block 10 or 9 if 10 is blank, with a minimum of \$52.50 and a maximum of \$437.50.

UBR Supplemental Fee: \$88.75 is due in accordance with 607.193, F.S.

Late Fee: \$400 (Applicable after May 1st)

The amount due shall be no less than \$141.25 (\$52.50 + \$88.75) and no more than \$526.25 (\$437.50 + \$88.75). (Note: If the amount entered in Block 10 is greater than the amount listed in Block 9, a supplemental affidavit along with a <u>separate filing fee</u> must be submitted.)

- Block 12. Block 12 contains the general partners last reported to our office. An amendment must be filed to change the general partners. Call (850) 245-6051 for amendment information.
- Block 13. If applicable, use block 13 to change the address of a general partner. Changes must be typed or printed and legible. If an address is confidential pursuant to Section 119.07(3)(i), Florida Statutes, an alternate address must be provided. Florida Statutes require a physical address be given. The provision of a post office box in Block 13 or on an attachment is an affirmation under oath that no other address is available.
- Block 14. A general partner must sign this report.

Mail completed report to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Courier Address: (overnight delivery) Division of Corporations 409 East Gaines St. Tallahassee, FL 32399

Questions?

Phone: (850) 245-6051 Hearing/Voice Impaired may call (850) 245-6096 (TDD)

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will dissolve/revoke the entity if a replacement payment with service charge and report are not resubmitted within the prescribed time frame.